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## **Registration Form**

## Register Early DEADLINE: September 25, 1998

		Current Position		
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Mailing Addr	ess	01-1-		
City		State	4	۲۱p
Telephone		Fax		
E-Mail Address				
	Yes No Full Name: Date of Birth Place of Birth_ Current Citizenship_ Employer			
* Because this is a Sandia Laboratory sponsored event, DOE requires the above information from non-United States citizens. Please fill in the above information. No other action is required				
Dinner & Banquet				
Will you be attending dinner at the Henry Ford Mueseum Tuesday, October 27th?				
YES	_ NO H	HOW MANY WILL A	ATTEND	
<ul> <li>Please include a check to cover dinner expenses for your guest (s) @ \$50/person Make Check Payable To: Sandia National Laboratories</li> <li>Dinner is complimentary for all conference attendees</li> <li>Vegetarian Meals Available (Please indicate under Special Needs)</li> </ul>				
Poster S	Session & To	ur of Autom	notive Hall	of Fame
Will you be attending the Automotive Hall of Fame Poster Session and Tour on Monday, October 26th?  (see pages 6 & 7 for details)				
Will you have	e an Entry(s) for the F	Poster Session?	YES	NO
If yes, how many entries? Will you be bringing a laptop to show your material?				

## **Registration Fees**

FULL REGISTRATION FEE: \$285 before September 25, 1998 \$325 after September 25, 1998

(Dinner & Tour are complimentary for all Full Registration conference attendees)

STUDENT REGISTRATION: \$75 before September 25, 1998

(Students must provide copy of Student ID w/ Registration Form)

ADDITIONAL FEES:

Include additional funds for guest attending dinner: \$50 per person

REGISTRATION: Full Registration @ \$285 Per Attendee

Student Registration Fee @ \$75 per person

Guest(s) Attending Banquet @ \$50 per person

TOTAL AMOUNT ENCLOSED

SANDIA NTL. LABS EMPLOYEES ONLY - Case Number

MAKE CHECKS or MONEY ORDERS PAYABLE TO:

**Sandia National Laboratories** (Sorry, we may not accept credit cards)

MAIL TO SANDIA NATIONAL LABORATORIES

Attn.: Tammy Eldred, Conference Coordinator

PO Box 5800, **MS0841** 

Albuquerque, NM 87185-0841

## **Special Needs**

Please indicate here if you require special accessibility or accommodations at this meeting. My requirements are: (e.g. vegetarian, disability accommodations, audio/visual requirements for speakers, etc.)

**For Information** 



Tammy Eldred, Conference Coordinator Office: 505-844-0180 Fax: 505-844-8251

E-Mail: tjeldre@sandia.gov

VISIT OUR WEB SITE: http://www.mcs.anl.gov/~freitag/7IMR/

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